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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled **IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS** and to transact all business in the Patent and Trademark Office connected therewith:

HENRY A. MARZULLO, JR., Reg. No. 20,910;

HOWARD N. ARONSON, Reg. No. 27,302; and

MYRON GREENSPAN, Reg. No. 25,680.

Address all telephone calls to *Myron Greenspan*, at telephone number (914) 723-4300, or to the attorney executing the last document.

Address all correspondence to **LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C.**
at **Penthouse Suite, One Chase Road, Scarsdale, New York 10583 U.S.A.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor Wayne ANDERSON	Citizenship U.S.
RESIDENCE Address -- Street 65 Grove Street	POST OFFICE Address -- Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date	Signature
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address -- Street 8 North Creek Road	POST OFFICE Address -- Street (same as residence)
City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date	Signature
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address -- Street	POST OFFICE Address -- Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

☐ Additional inventors are being named on separately numbered sheets attached hereto.

**UNITED STATES -- PATENT
DECLARATION FOR PATENT APPLICATION**

Attorney's Office No.: **P-14 CONT/CIP**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS**, the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____ as
 Application Serial No.: _____
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Appln. No.	Country	Date Filed	Priority Claimed
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Appln. Serial No.	Filing Date	Status: Patented, Pending, Abandoned
08/904,666	August 1, 1997	<input type="checkbox"/> Patented <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Abandoned
08/451,398	May 26, 1995	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
08/620,471	March 22, 1996	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

DECLARATION CLAIMING SMALL ENTITY STATUS

[37 CFR 1.9(f) and 1.27(C)]

INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

described in

☒ the specification filed herewith

☒ Application serial no. 09/237,557, filed on 1/26/99

☐ Patent No. _____, issued on _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization
☐ persons, concerns, or organizations listed below.*

Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME: ADDRESS:	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified declaration is directed.

NAME OF INVENTOR
SIGNATURE OF INVENTOR

Wayne Anderson *Wayne Anderson*
 DATE 3-12-99

NAME OF INVENTOR
SIGNATURE OF INVENTOR

Paolo Cassutti *Paolo Cassutti*
 DATE 3-12-99

NAME OF INVENTOR
SIGNATURE OF INVENTOR

DATE

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled **IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS** and to transact all business in the Patent and Trademark Office connected therewith:

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City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date <input checked="" type="checkbox"/> 3-12-99	Signature <i>Wayne Anderson</i>
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address - Street 8 North Creek Road	POST OFFICE Address - Street (same as residence)
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State or Country New York, U.S.A.	State or Country
Date <input checked="" type="checkbox"/> 3-12-99	Signature <i>Paolo Cassutti</i>
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address - Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

☐ Additional inventors are being named on separately numbered sheets attached hereto.

UNITED STATES - PATENT
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Attorney's Docket No.: P-14 CONT/CIP

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☒ was filed on 1/26/99 as

Application Serial No. 09/237,557

and was amended on _____

(if applicable)

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**UNITED STATES -- PATENT
DECLARATION FOR PATENT APPLICATION**

Attorney's Packet No.: **P-14 CONT/CIP**

T3
25M/A

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POST OFFICE ADDRESS - Street
(same as residence)

City/State

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POST OFFICE ADDRESS - Street

City/State

City/State

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City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date <input checked="" type="checkbox"/> 3-12-99	Signature <i>Paolo Cassutti</i>
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address - Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

☐ Additional inventors are being named on separately numbered sheets attached hereto.

al or Patent No.:

Filed or Issued:

For: IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

DECLARATION CLAIMING SMALL ENTITY STATUS

[37 CFR 1.9(f) and 1.27(C)]

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IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

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☒ the specification filed herewith

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, filed on

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FULL NAME:	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
ADDRESS:	
FULL NAME:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
ADDRESS:	
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ADDRESS:	

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NAME OF INVENTOR
SIGNATURE OF INVENTOR

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NAME OF INVENTOR
SIGNATURE OF INVENTOR

Wayne Anderson

Paolo Cassutti

DATE

DATE

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